EXHIBIT 1

UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

MARK SNOOKAL, an individual,

Plaintiff,

vs.

CHEVRON USA, INC., a California Corporation, and DOES 1 through 10, inclusive,

Defendants.

Case No.

2:23-cv-6302-HDV-AJR

DEPOSITION OF DR. UJOMOTI AKINTUNDE

OCTOBER 31, 2024

CONDUCTED VIA ZOOM VIDEOCONFERENCE

REPORTED BY LAUREN RAMSEYER, CSR NO. 14004

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Case No.

2:23-cv-6302-HDV-AJR

DEPOSITION OF DR. UJOMOTI AKINTUNDE,

commencing on Thursday, October 31, 2024, at 8:00 a.m., Pacific Time, held via Zoom videoconference, all participants appearing remotely before Lauren Ramseyer, Certified Shorthand Reporter, CSR No. 14004.

EXHIBIT 1/2

Q. Okay. Did you review any other documents at all in preparation for your deposition?

A. Yes, medical records. That is not unique to deposition. Being in medical practice, I review medical literature quite often.

Q. What medical literature did you review?

A. Online articles, different -- various things, just the same way I review in my day-to-day activities.

Q. Okay. When did you review the medical literature to prepare for your deposition?

A. Like I said, I review medical literature regularly in the course of my work, so there was nothing unique about this, you know, reviewing. I just read, because medicine is dynamic, and to remain on the current age, I have to keep reading. So it's just usual.

Q. That makes sense. I guess I'm wondering, you know, did you specifically review literature relating to, you know, potential facts in this case?

MS. FAN: Objection. Calls for a legal conclusion. Vague and ambiguous.

THE WITNESS: So I reviewed the email communication between Dr. Asekomeh and I so that I could be properly prepared, because this was five years ago, and certain details were blurry in my memory. I felt a

EXHIBIT 1/3

need to review our email communications so that I can remember what was asked and, you know, what my response was.

BY MS. FLECHSIG:

Q. So did you -- so after -- so I'm asking about documents you might have reviewed that, you know, beyond those emails that you referred to. So did you -- you know, did you go on line and search for medical literature relating to this case?

A. I search for medical literature relating to every work I do, and this was part of this. Like I have patients on admission in the clinic, so every case that comes my way, I read medical literature around it, and usual -- that's my usual pattern or practice, so nothing was unusual if -- the literature around this wasn't unusual. It was just -- because what was in a textbook may be obsolete in two years, so it's usual for me to read the medical literature. It's the way I practice.

Q. Yeah, that -- that makes sense. So we're getting maybe a little bit ahead of ourselves, but so you are aware that the plaintiff in this case has a dilated aortic root, right?

A. Yes.

Q. Did you look up literature -- you know, in reviewing the plaintiff's condition, did you look up

literature relating to that to prepare for your deposition?

MS. FAN: Objection. Vague and ambiguous.

THE WITNESS: I looked up literature relating to that as part of every case that comes my way in my usual practice, so it was -- it's not unusual, just like I do for every other case that comes my way.

BY MS. FLECHSIG:

Q. When did you look up literature related to the dilated aortic root to prepare for your deposition?

A. I can't remember.

MS. FAN: Objection. Misstates prior testimony.

I apologize. Go ahead, Dr. Akintunde.

THE WITNESS: I can't remember exactly when I looked them up, but I mean, like I said, that's my real practice. So any case that comes my way, whether informal discussion, patients on the ward, clinic cases, Grace sessions, I always look at the literature. So there was nothing particular in looking up literature in this case.

BY MS. FLECHSIG:

Q. Can you give me your best estimate of when it was? Was it in the last few days, weeks, months?

MS. FAN: Objection. Vague and ambiguous.

BY MS. FLECHSIG:

Q. Do you understand my question? I can restate.

A. I've reviewed literature around aortic tissue for years. It's part of --

Q. Yeah, I -- so my question is, when did you review literature relating to Mark Snookal, the plaintiff in this case?

MS. FAN: Objection. Vague and ambiguous. Asked and answered.

THE WITNESS: Over the last -- I mean, over the years, I've always reviewed literature regarding aortic and other cardiology topics, but of course, over the last number of weeks or so, I have also reviewed them as well, so, like I said, nothing unusual. That's the way I practice medicine. Because what was -- what -- the management of a particular case are managing today, may change in the next one year, for instance.

BY MS. FLECHSIG:

Q. Okay. Have you searched for any documents that are related to this litigation, in other words, have you made any efforts to look for documents or communications in your possession that relate to Mark Snookal?

MS. FAN: Objection. Vague and ambiguous.

THE WITNESS: Yes. Like I -- the only

Q. Okay. In your practice as a cardiologist, have you ever treated an aortic aneurysm that ruptured?
A. No.
Q. In your practice as a cardiologist, have you ever treated an aortic aneurysm that dissected?
A. No.
Q. Do you have a current curriculum vitae or resume?
A. I would have to update it. I have not applied for any job since I started working at Chevron.
Q. Okay. So the most recent version would be from around 2018?
A. Approximately. There have been some updates along the line of -- definitely it's not -- it's not recent. I do not have it current.
Q. In your work as a cardiologist, have you ever treated someone with a dilated aortic root?
A. Yes.
Q. How many people do you think that you've treated with a dilated aortic root?
A. I cannot remember. I didn't do counts.
Q. I understand. What's your best estimate? Is it between five and ten, ten and 20, over a hundred? You know, what sort of would be your best estimate of the range of the number?

MS. FAN: Objection. Vague and ambiguous.

THE WITNESS: I can't remember. I'm not so sure how many, but I have managed them in the past. They're not as common in this part of the world.

BY MS. FLECHSIG:

Q. In the last year, how many patients with a dilated aortic root have you -- have you treated?

A. A couple. I'm not sure exactly.

Q. Since joining Chevron in 2018, how many people with a dilated aortic root have you -- have you seen?

MS. FAN: Vague and ambiguous as to "Chevron."

THE WITNESS: I'm not certain of the exact number, but I've seen a few.

BY MS. FLECHSIG:

Q. So I want to turn now to Mark Snookal, the plaintiff in this case. Have you ever spoken with Mr. Snookal?

A. No.

Q. Have you ever reviewed a job description for the position that Mr. Snookal was seeking in Escravos?

A. No.

Q. Did you have any work history, for Mr. Snookal, to review?

A. No. That's not within my purview as a cardiologist. That's managed by the occupational health

A. Questions around the email thread.

Q. Okay. Can you describe what was discussed in terms of the questions around the email thread?

A. His opinion and my opinion, that was it, and everything is expressed in the email here.

Q. So your opinion did not change from what was expressed in the email?

A. No.

Q. Okay. Did Dr. Adeyeye change his opinion at all relating to what he expressed in his email?

A. No.

Q. Okay. Turning back to the email, I want to direct your attention to the last page. So it's CUSA000775, it looks like a medical summary regarding Snookal, Mark. Do you see that?

A. 775?

Q. Yes. I think it's -- I think it's the last page of the document.

A. Okay.

Q. So this, I understand -- was this attached to the email that Dr. Asekomeh sent you?

A. No. What -- it was an imaging report that I received.

Q. Did he send you this medical summary as well, or just the imaging report?

A. Two imaging reports.
Q. Okay.
A. The CT and the echo.
Q. Okay. So this email thread, it looks like Dr. Asekomeh sent the first email to you on, let's see -- on August 6th, 2019; is that correct, he forwarded you the thread?
A. I think it was August 7th.
Q. So I'm looking at --
A. Oh, maybe it was the 6th. I can't remember. It's possible.
Q. That's okay. I'm not trying to trick you. I'm just trying to get a good sense of the timeline in terms of what the document says.
So on the first page of the document, CUSA000771, it looks like there's an email from Dr. Asekomeh. It says sent Tuesday, August 6, 2019, 12:35 to Akintunde, and then it looks like your Chevron email. Is that -- are you seeing what I'm reading out?
A. Yes.
Q. Okay. So that was what you received from Dr. Asekomeh relating to Mr. Snookal, correct?
A. Yes, that's correct.
Q. Okay. And so when you received that email, you did not also receive the medical summary that's on

the last page of this thread?

A. No.

Q. Okay. So I understand you received just -- I think you said two imaging reports, right?

A. Yes. Yes.

Q. Apologies if I already asked this. What were the imaging reports of?

A. Echo, cardiology, and CT scan.

Q. Okay. And so I see in your response email, if you scroll up so we're still on 771, the first page of the document, in this -- this is the email response that you wrote to Dr. Asekomeh, correct?

A. Yes.

Q. Okay. So just going down the -- going down in order of what you wrote, you said, "I concur with my colleagues." That was in reference to the remainder of the email thread, right?

A. Yes.

Q. And then you say he is, quote, low risk, but not low risk, correct?

MS. FAN: Objection. Misstates the document.

THE WITNESS: Correct.

MS. FAN: Counsel, I think you might have flipped those terms.

excuse me, let me try that again.

In August of 2019, did you have any supervisory role over other doctors?

A. No.

Q. Who was your boss at the time in August of 2019?

MS. FAN: Objection. Vague and ambiguous.

THE WITNESS: The current medical director was my supervisor at the time.

BY MS. FLECHSIG:

Q. Okay. Who is that?

A. Dr. Obomanu.

Q. I'm sorry, could you spell that for me, please?

A. Oscar, Bravo, Oscar, Mike, Alpha, November, Uniform. That's O-b-o-m-a-n-u.

Q. Thank you so much. Do you know who Dr. Asekomeh's supervisor was at this time in August 2019?

A. Dr. Pitan.

Q. Okay. Going back to this email thread in Exhibit 1, you say, "I would, however, be more comfortable if he were on a beta blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial." I just want

to ask you some questions about that.

So why did you feel you would be more comfortable if he was on a beta blocker?

A. A beta blocker will slow down the rate of the increase in size of his dilated aortic root. It will slow down the rate of increase, and essentially make him safer, so that was my primary priority, that the patient is safer.

Q. Why does it matter the rate of growth of the dilated aortic root?

A. The rate of growth correlates positively with the rate of dissection and rupture.

Q. In other words, the faster it's growing, the more likely it is to dissect or rupture?

A. Correct.

Q. If a dilated aortic root is stable in size over time, does that, therefore, indicate that the rate of dissection or rupture is decreased?

MS. FAN: Objection. Argumentative.

THE WITNESS: Can you say that again, please?

BY MS. FLECHSIG:

Q. Yeah. So in other words, if the size of the aortic root dilation is stable over time, that would indicate a negative risk factor; there would be less risk that it will dissect or rupture?

MS. FAN: Objection. Argumentative.

THE WITNESS: Well, size is important, so the risk is lower that it would dissect or rupture, but it may also -- that may also occur, even at the current size; that is why there is a risk category to it. So you really want to make sure, like I said, as a physician, my priority one is the health and wellbeing of every patient, so I also want to make sure all the factors that may potentially increase the risk of this person are doing well, are put into perspective and addressed.

BY MS. FLECHSIG:

Q. In your email did you intend to express any opinion about whether it was safe for Mr. Snookal to work in Escravos?

A. That's not within my sphere of work. My communication was strictly cardiology, about the signs, and its possible issues that may arise. Nothing within my sphere of work allows me to determine suitability for work or otherwise.

Q. For someone with an aortic root of 4.2 centimeters, is that a situation where you would recommend surgical intervention?

A. I would not recommend surgical intervention at that size except he didn't have symptoms.

a cardiologist. So is a symptomatic aortic root, is that one that has ruptured or dissected or is there -- is there such a thing as a symptomatic dilated root that has not ruptured or dissected?

A. So usually symptoms tend to arise from dissection, from rupture, but sometimes from compression or surrounding structures as well.

Q. Okay. So -- and please correct me if I'm wrong, if someone has an aortic root, it has not dissected or ruptured, then they are considered asymptomatic?

A. So they are considered asymptomatic if they have no symptoms.

Q. Okay.

A. Sometimes it will come silently and it's fatal and you don't get a chance to see the patient, because they're dead. It can be that fatal.

Q. Okay. Okay. I think I understand. Before you responded to Dr. Asekomeh's email, did you conduct any research, specifically to prepare to respond to the email?

A. Not specifically. These are staff that I'm aware of, very aware of because I'm actively in cardiology practice.

Q. So before you sent your email, did you

review -- strike that.

I want to ask about -- I actually want to ask about the CT scan and the echocardiogram that you said were attached to Dr. Asekomeh's email. Do you know what I'm referring to?

A. Yes.

Q. The CT scan, was it just one CT scan, or were there multiple CT scans?

A. So I remember correctly it was one CT.

Q. Okay. For the echocardiogram, was that attachment -- or were there attachments that were multiple echocardiogram or just one echocardiogram?

A. I recall one echocardiogram.

Q. Okay. So based off of the information that you had available to you, did you consider whether Mr. Snookal's aortic root dilation was stable in size?

A. I cannot make a determination about if it was stable in size from only one imaging report. I would have to see a series, a sequence, a series of them to determine the rate of increase over the years.

Q. Okay. So in other words, no one provided you with any information about any changes in size?

A. I was given only one set of imaging reports.

Q. Okay. In this email thread at the bottom of page 774, so CUSA000774, I want to -- I want to give you

Nigeria.

Q. When you say consumables necessary for the surgery, what do you mean by that?

A. The materials and, you know, the materials used to repair the damaged vessel.

Q. Understood. Thank you. I don't have any further questions.

MS. FLECHSIG: Okay. I just have -- I just have a few more, and thank you, Dr. Akintunde for your time today.

FURTHER EXAMINATION

BY MS. FLECHSIG:

Q. With respect to Exhibit 2 that Ms. Fan showed you, the article, titled, "Yearly Rupture or Dissection Rates for Thoracic Aortic Aneurysms, Simple Prediction Based on Size," you know which study I'm referring to, right?

A. Yes.

Q. When did you become familiar with this specific study?

A. I can't remember.

Q. Was it recently, was it a long time ago, what's your best estimate?

A. Honestly, I can't remember. Like I said, I read lots of articles, so which one when, exactly, I

don't know.

Q. Did you become familiar with it before August of 2019?

A. I can't remember.

Q. Okay. With respect to the 2015 article that Ms. Fan showed you, which is marked as Exhibit 3, when did you become familiar with that study?

A. In the last, very recently, couple of weeks, maybe -- or was it last week. I think last week.

Q. Okay. For determining a patient's risk of a rupture or dissection, what materials would you review or what information would you review to get the most -- strike that. Strike that. Let me start over.

If you're reviewing a patient who has a dilated aortic root, what information would you need to have the best sense of what their risk of rupture or dissection is?

A. The primary one would be the size, as it is clearly the -- a powerful predictor of adverse aortic event and death, and it also forms the basis for the surgical criteria for repair. So it's the key one to look out for.

Q. What are the other pieces of information that informs someone's risk of dissection or rupture?

A. Like the blood pressure or whether they're on

blood pressure medications.

Q. Anything else?

A. If it's increasing in size.

Q. Anything else you would look at, or is that it?

A. Well, patients come in various shape and forms, so many times you don't use some umbrella set of criteria to review everyone. You review on a case-by-case basis.

MS. FLECHSIG: Okay. Thank you so much. I am done with my questions. I do just want to state a blanket objection. I understand that Dr. Akintunde has been listed as an expert. We are not submitting that she will be qualified as an expert to testify as to this specific condition, but I'm just stating that information for the record, and it will be determined by a judge.

MS. FAN: Sure. You are entitled to make your record, and we can certainly meet and confer on it prior to trial. But perhaps that's not something that we really need to cover in this deposition transcript at this time.

So I also don't have any further questions. So we'd like to make sure that Dr. Akintunde has 30 days to review her transcript.

REPORTER'S CERTIFICATE

I, Lauren Ramseyer, Certified Shorthand Reporter licensed in the State of California, License No. 14004, hereby certify that the deponent was by me first duly sworn and the foregoing testimony was reported by me and was thereafter transcribed with Computer-Aided Transcription; that the foregoing is a full, complete, and true record of said proceedings.

I further certify that I am not of counsel or attorney for either or any of the parties in the foregoing proceeding and caption named or in any way interested in the outcome of the cause in said caption.

The dismantling, unsealing, or unbinding of the original transcript will render the reporter's certificate null and void.

In witness whereof, I have hereunto set my hand this day: November 19, 2024.

Lauren Ramseyer, CSR No. 14004

[redacted]

From: Akintunde, Ujomoti <UJOM@chevron.com>
Sent: Wednesday, 7 August 2019 17:08
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Dear Dr Asekomeh,

I concur with my colleagues. With an aortic root of 4.2cm, he is 'low risk' but not 'no risk'.
I would however be more comfortable if he were on a beta-blocker as one of his meds or in addition to current meds. The fact that he does not smoke cigarettes is beneficial.
There could be a reason his cardiologist did not put him on a beta-blocker. Could he have a contraindication such as asthma, COPD or allergy?
Is there a medical report from his cardiologist? I only see imaging reports.

Kind regards,
Ujomoti Akintunde

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Tuesday, August 6, 2019 12:35 PM
To: Akintunde, Ujomoti <UJOM@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Please see mail trail below.

Warm regards,

Eshiofe Asekomeh

From: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Sent: Monday, August 5, 2019 5:55 PM
To: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Sir/Ma,

I agree with Dr Aiwuyo submissions on above employee, especially the precautionary measures highlighted which we need to further reiterate to our client.

I have a little concern about his choice of anti-hypertensives (Losartan and Amlodipine). Guideline-directed management recommends Beta-blockers like Carvedilol, Bisoprolol as part of his blood pressure control meds with a systolic BP target of less than 120mmHg (Thoracic aortic aneurysm and documented runs of premature ventricular complexes).
It will be nice if this is brought to the attention of his physician.

Kind regards,

Victor.

From: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>
Sent: Monday, August 5, 2019 2:26 PM
To: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>; ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: RE: Snookal, Mark- Medical report

Good day,

With regards to this expert, 47years old employee with CT and ultrasound evidence of Thoracic aortic aneurysm,

It was documented in the report that he has aortic dilatation of 4.4cm on ECHCARDIOGRAPHY,

however CT aortography which is a more accurate imaging modality revealed a maximum value of 4.2cm max at the aortic root and 4.1cm max at the descending thoracic aorta.

From the Canadian guidelines these values appear low risk for a major adverse CV event. Some have used values of <4.5cm as partition value for low risk situations., link below refers.

https://www.ucalgary.ca/FTWguidelines/content/aortic-aneurysm

it is expected that every aneurysm must be subjected to 6months- 1year assessment to ascertain the rate of progression (>1cm is an indication for repair). I feel there should be a concrete plan by his home cardiologist for this

evaluation.

Below are my response to the questions put forward:

1. Complications associated with aneurysms include

    a. Rupture/dissection (sudden and catastrophic) and its attendant sequala
    b. Thromboembolic phenomenon

c. Pressure symptoms on other vital organs
d. Sudden death

2. In Escravos unfortunately we are only limited to initial stabilization and transfer of such high risk CV complications if any occurs. In the unlikely event of any of the aforementioned complications, we may not be able to support
such an individual due to our peculiarities.

3. Instructions for the patient

-avoid lifting heavy objects
-quit smoking (if he is a smoker)
-manage hypertension strictly, there is need to aim for lower targets <120mmhg systolic (DOC beta blockers)
-watch out for alarm symptoms like pain in the chest (throbbing, tearing, aching or sharp pain, often sudden), pain in the back, nausea, vomiting, fainting, and systemic shock
-avoid moderate to high intensity exercises as much as possible

I made effort to search the MEP if there are clear cut field guidelines for patient with aortic aneurysm, unfortunately I found none. What is established is that a patient with symptomatic aneurysm should not be allowed to work in an offshore location.

I am still open to further discussions on this sir.

Warm regards.

DR. AIWUYO, HENRY
OH Physician/Cardiologist
EGTL clinic
EXT-77943
B2B dr oyebowale olaniyi
"as to diseases, make a habit of two things- to help, or at least, to do no harm"
hippocrates

From: Asekomeh, Eshiofe [DELOG] <EAEV@chevron.com>
Sent: Monday, August 5, 2019 11:43 AM
To: ADEYEYE, VICTOR [DELOG MEDICAL SERVICES] <DNOY@chevron.com>
Cc: Aiwuyo, Henry [SERVITICO] <henryaiwuyo@chevron.com>; Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Subject: FW: Snookal, Mark- Medical report

Good day,

Below mail trail refers. Kindly help evaluated medical documents and attached Cardiologist report for above named EE who is coming to Escravos from the USA. His job description is- Reliability Engineering Manager.
Kindly review around the following key points:

1. Potential complications and the likelihood of progression
2. Management of these complications even if only initial intervention vis-à-vis available care level in Escravos
3. Possible instructions to communicate to employee as per preventing complications.

Thanks for your usual help.

Warm regards,

Eshiofe Asekomeh

From: Asekomeh, Eshiofe [DELOG]
Sent: Tuesday, July 30, 2019 7:44 PM
To: Pitan, Olorunfemi (femi.pitan) <femi.pitan@chevron.com>
Cc: NIGEC Staff Physicians (l9esc300) <L9ESC300@chevron.com>
Subject: Snookal, Mark- Medical report

Good day Ma,

I will like to discuss Mark Snookal (Manager, Reliability Engineering) with you tomorrow. He is on transfer from El Segundo, USA to Escravos, Nigeria on international assignment.
He has aortic root dilatation and was reviewed by a Cardiologist April this year. The examining Physician in the US had declared him fit with limitation (not to lift weight above 50 pounds)
Attached are the medical reports and the Cardiologist report from April, 2019.

Warm regards,

Eshiofe Asekomeh

Dr. Asekomeh E.G
Chevron Hospital
Warri, Nigeria

MEDICAL SUMMARY

RE: SNOOKAL MARK DOB- [redacted]

Above named 47-year old employee is on international transfer from El Segundo, USA to Escravos, Nigeria for international assignment as a Reliability Engineering Manager. He had his medical Suitability for Expatriate Assignment (MSEA) evaluation on the 24th of July 2019.

Significant/ relevant medical history gleaned from his GO-146 include;

-History of being hypertensive and presently on Lorsatan and amlodipine- date of diagnosis/ date of commencement and dosages not stated.

- He exercises regularly for at least thirty minutes at three times a week on average

- He is a non-smoker

- A past medical history of treatment for depression between 1994 and 1996

- He had a cholecystectomy in 2014

- A significant history of diagnosis of asymptomatic dilated aortic root and premature ventricular complexes on ECG for which the Cardiologist recommended no additional treatment.

Main findings on examination was a bradycardia with pulse rate of 53/min and blood pressure of 135/78mmHg.

Review of recent investigations revealed:

1. ECG: Heart rate of 47/min, sinus rhythm with PVC, left atrial deviation and slight intraventricular delay
2. Slightly borderline elevated triglyceride and LDL cholesterol and reduced HDL cholesterol
3. Normal E/U/Cr, LFT, CBC and urine analysis
4. Negative Quantiferon TB test

Transthoracic echocardiography done on 9th of April 2019 revealed aortic root diameter of 4.4 cm with normal aortic arch size.

CT Angiography done on the 10th of April 2019 also reported a stable aortic arch (Compared to an earlier CT angiography done on 10th of May 2017) with a diameter of 4.2cm and a maximum size of the ascending aorta of 4.1cm.

Dr. Asekomeh E.G

7/08/2019